

HEALTH CARE PROXY INFORMATION

The New York Health Care Proxy Law allows you to appoint someone you trust - for example, a family member or close friend - to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Information about the New York Health Care Proxy and the New York State Health Care Proxy form is available on the New York State Department of Health web site at:

http://www.health.state.ny.us/professionals/patients/health_care_proxy/.

If you would like a copy of the form mailed to you, call the New York State Medicaid Help Line at 1-800-541-2831. Please, do NOT send the completed form to the local department of social services.



**Department of
Homeless Services**

Independent Living Plan for Adults/Families

Dosen't it flacc on the stor the 2nd? So how can today go

*Balas on A Sunday
Now I'm A sabbath sleeper
At least 8 hrs*

CLIENT NAME: BEVERLY ANTWI	UNIT / BED #: 2-070	ILP TYPE: Bi-Weekly	DATE OF ADMISSION: 03/02/2018
PA STATUS: Applying			

Concerning Member	Service Need	Service Activity	Service / Provider Agency	Start Date	Completion Date
BEVERLY ANTWI	Medical	Provide proof of TB clearance		03/01/2018	03/15/2018
	Activity Specifics: Client must provide proof of TB clearance by 3/15/2018.				
BEVERLY ANTWI	Housing	Seek and accept first suitable housing offer (client activity)		03/01/2018	03/15/2018
	Activity Specifics: Client agrees to attend and complete all housing interviews, housing fairs, and appointment. Client must accept first suitable housing offered.				
BEVERLY ANTWI	Health and Safety	Maintain clean, uncluttered and hazard-free bed/unit/crib.		03/01/2018	03/15/2018
	Activity Specifics: Client must maintain a clean, uncluttered, and hazard-free bed/unit.				
BEVERLY ANTWI	Health and Safety	Participate in fire drills		03/01/2018	03/15/2018
	Activity Specifics: Client must participate in all fire drills.				
BEVERLY ANTWI	Medical	Provide medical documentation		04/07/2018	Ongoing
	Activity Specifics: Client will stay in compliance with all medical appointments, client needs an immediate physical				
BEVERLY ANTWI	Mental Health	Participate in mental health treatment		04/07/2018	Ongoing
	Activity Specifics: CM is working closely with client , CM encourages client to enroll in services				
BEVERLY ANTWI	Entitlements/Benefits	Maintain benefit or entitlement		04/07/2018	Ongoing
	Activity Specifics: Client will maintain an active public assistance case, during shelter stay. Client will attend all HRA, BTW and We CARE appointments. Client will also inform Case Manager of all appointments.				
BEVERLY ANTWI	Rules and Regulations	Adhere to all shelter rules and regulations		04/07/2018	Ongoing
	Activity Specifics: Client agrees to comply with all shelter rules and regulations as part of the CARF. Client agrees to adhere to 10pm curfew. Client agreed to sign the daily log when entering and leaving the facility. Client agreed to sign the nightly roster between 8pm to 10pm daily.				

CARES Case Number: 9577006

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1 of 3



DOC\INDEPENDENT_LIVING_PLAN

DHS Form 12A
Rev 12/12/2011

Reference

To Able

Factory

Him

7

Taxe

3.5 Cents

Thurs	March	22	
Fri	March	23	Court House
SAT	MARCH	24	
SUN	MARCH	25	
MON	MARCH	26	DADDY
TUES	MARCH	27	
WED	MARCH	28	
THURS	MARCH	29	
FRIDAY	MARCH	30	
SAT	MARCH	31	
SUN	APRIL	1	
MON	APRIL	2	
TUES	APRIL	3	
WED	APRIL	4	
THURS	APRIL	5	
FRI	APRIL	6	
SAT	APRIL	7	- Correct Type Date of Today's Date
SUN	APRIL	8	
MON	APRIL	9	

Criminal Court City of New York
265 East 161st Street
Bronx, New York 10451

MAR 23 2018

Keep in mind, ALL of these mistakes ARE Another Reason for the Confusion!

045 Concourse Job Center
1375 Jerome Ave

Bronx	NY	10452
Beverly	D	Antwi
2240 E TREMONT AVE		
Apt 7D	NY	10462
BRONX		

Date Entered Into Case Record : 02/13/2018
Case Number: 00033531196F
Case Name: Antwi Beverly
Center Name: Concourse Job Center

For Your Records: Documents We Received From You

This receipt contains a list of documents that we received for your case. If it is not a correct or complete list, please call (718) 557-1399. Otherwise no action is needed from you.

The list of documents below may not be sufficient to verify certain eligibility factors. We will let you know if we need more documents.

Document Received	Document Received for
<p>Letter from a Housing Facility</p> <p>this wasn't from my social worker</p> <p>and I have a question</p>	<p>Beverly D Antwi</p> <p>m.s. m.s.</p> <p>ms. jets</p> <p>Given me my once</p>

MORE DOCUMENTS MAY BE LISTED ON THE NEXT PAGE

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